FISCAL YEAR 2003

DEPARTMENT HEAD ANNUAL SIGNATURE AUTHORIZATION CERTIFICATION OF NO CHANGE FORM

(To be used for Department Head ANNUAL Signature Authorization Recertification)

OFFICE OF THE COMPTROLLER

[Instructions for completing this form are provided on the back of this page.]

PLEASE SUBMIT COMPLETED FORMS TO: Office Of The Comptroller, C/O Signature Control Supervisor, One Ashburton Place, 9th Floor, Boston MA 02108

Budget Fiscal Year ¹ : 20	03 Department Name ² :	Department Alpha C	Code ² :
Department Contact Person ³ :		Telephone (Please include area code) ³	
	that the Department He	ent Head or Secretary below (not a designee) certifies ad has "personally reviewed the current signature iously filed and certifies that no changes have occurred, y filed."	
		New Departments, Department Head Changes, or Significant Department ted utilizing a Fiscal Year 2003 Department Head Signature Authorization	
		eflect changes OTHER THAN THE TYPES OUTLINED IN REMINDER itted utilizing a Fiscal Year 2003 Department Head Signature Authorization	
		n process, please keep in mind that this builds on one fiscal year to another, s keep copies of previous fiscal year signature authorizations on file.	
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head or secretary by gene certification that the doc	eral or special law. Signatures authorizing nument upon which the signature appear	at the above notice of delegated signature authorization is in accordance with the pow g a department's legal obligations, contracts, payments, payrolls and other fiscal trans rs, and any attachments, are accurate and complete and comply with all applicable or secretary from any obligations or responsibilities under general and special laws an	actions shall be interpreted as a general and special laws and
X	R SECRETARY SIGNATURE ¹⁰	DATE ¹¹ :	
PRINT OR TYPE DEPAR	TMENT HEAD'S OR SECRETARY'S FUI	LL NAME ¹²	